

PRV – Call Center Medically Needy Spend Down Manual Application

Purpose:

To ensure that claims for Medically Needy recipients are properly applied to spend down in a timely manner and accurate information is provided to the caller. The Customer Service Representative (CSR) determines that the call/correspondence pertains to a claim for a Medically Needy recipient. The CSR will review the Medicaid Management Information System (MMIS) files 5, 10, and 17 to determine if the claim has been properly applied. If the claim has been submitted properly and has not been applied to spend down, an Outlook e-mail will be forwarded to the Medically Needy section of the claims processing unit. Once the claim has been reviewed, a response will be sent via e-mail to the CSR. The CSR will then contact the provider with the response.

Identification of Roles:

Quality Assurance (QA) coordinator, lead, trainer, Supervisor, Manager

Performance Standards:

N/A

Path of Business Procedure:

Step 1: Incoming call or correspondence

Step 2: Verification

- a. Open OnBase and create call log for annotation
 1. Obtain National Provider Identifier (NPI), Contact name, and phone number from the provider

Step 3: Determine the type of call or correspondence

Step 4: Claim displays a Medically Needy Denial (Edit 915 or 275). If not, go back to step 3

Step 5: Review member's eligibility in File 10 MMIS

Step 6: Review Medically Needy Subsystem; file 17 MMIS to determine if claim has been applied to spend down for Date of Service (DOS) in question.

- a. If yes, go to step 7. If no, go to step 8.
- b. Verify the claim amount, NPI #, and DOS

Step 7: Advise the provider of the amount applied to the spend down for the members responsibility

Step 8: Is spend down met? If yes, go to step 9. If no, go to step 10

Step 9: Claim should be resubmitted

Step 10: Review claim to determine if other denial edits have posted. If yes, go to 11. If no, go to 12.

Step 11: Provider will need to correct claim and resubmit

Step 12: Open “Outlook” application by clicking on Icon and create an email and forward to lead

a. Address it to a unit lead with subject line that includes:

1. Recipient's name
2. Medicaid Identification (ID)
3. NPI
4. DOS in question

b. Email should include:

1. Transaction Control Number (TCN)
2. Billed Amount
3. Reason for request

Step 13: Receive response from Medically Needy department and forward the information along with clarification if needed to the CSR

Step 14: CSR will contact provider with updated information and annotate the call log

Forms/Reports:

N/A

RFP References:

6.4.2.3.b

Interfaces:

MMIS
OnBase

Attachments:

Process Map

Attachment A:

